

PHYSICAL CAPABILITIES
PLEASE REFER TO ATTACHED JOB DESCRIPTION

Date of Accident: _____

_____ has been under my care since _____
As a result of his/her most recent examination, the following limitation(s) are prescribed:

1. In an 8-hour workday, the employee can stand/walk:

HOURS AT ONE TIME	TOTAL HOURS DURING DAY
<div style="display: inline-block; width: 100px; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div><div style="position: absolute; right: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div></div>	<div style="display: inline-block; width: 100px; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div><div style="position: absolute; right: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div></div>
0-2 2-4 4-6 6-8	0-2 2-4 4-6 6-8

2. In an 8-hour workday, the employee can sit:

HOURS AT ONE TIME	TOTAL HOURS DURING DAY
<div style="display: inline-block; width: 100px; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div><div style="position: absolute; right: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div></div>	<div style="display: inline-block; width: 100px; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div><div style="position: absolute; right: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div></div>
0-2 2-4 4-6 6-8	0-2 2-4 4-6 6-8

3. In an 8-hour workday, the employee can drive:

MINUTES AT ONE TIME	HOURS AT ONE TIME
<div style="display: inline-block; width: 100px; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div><div style="position: absolute; right: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div></div>	<div style="display: inline-block; width: 100px; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div><div style="position: absolute; right: 0; top: -10px; width: 20px; height: 10px; border: 1px solid black;"></div></div>
10-30 30-60	1-3 NO RESTRICTIONS

4. Employee can lift or carry:

MAXIMUM LBS.	10	15	20	25	30	35	40	45	50	55	60	75	80	85	90	95	100
FREQUENTLY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCCASIONALLY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee can push, pull _____ lbs.

5. Employee can use his/her hands for repetitive:

A. Simple Grasping	B. Pushing and Pulling	C. Fine Manipulation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES NO	YES NO	YES NO

6. Employee can use feet for repetitive operation of foot controls: ☐ YES ☐ NO ☐ NO RESTRICTIONS

7. Employee is able to:

	FREQUENTLY	OCCASIONALLY	NOT AT ALL
A. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Employee can drive: ☐ YES ☐ NO

9. When do you estimate the employee be released to return to work at FULL-DUTY? _____

10. Are there any environmental restrictions? _____

11. Additional Comments: _____

12. Is this employee capable of performing modified work or light duty assignments that can be performed within all the limitations/restrictions you have indicated in your responses to Items 1 through 8 above? ☐ YES ☐ NO

Physician's Signature

Date